

FROM :
Feb-12-01 12:22P

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PTO/SB/02A (3-97)
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 3
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
J. George		Bekesi	
Inventor's Signature	<i>Yelios P. Bekesi</i>		Date
			11-28-00
Residence: City	New York	State	NY
		Country	USA
Post Office Address	Dept. of Medicine		
Post Office Address	Mount Sinai Medical School		
City	New York	State	NY
		ZIP	10029
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
		Country	
Post Office Address			
Post Office Address			
City		State	
		ZIP	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
		Country	
Post Office Address			
Post Office Address			
City		State	
		ZIP	
		Country	

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To: Dr. A. Davis

Fr: Dr. Jiang.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Jain Dong

Jiang

Inventor's
Signature

Jian-Dong Jiang

Date

11-28-00

Residence: City

New York

State

NY

Country

USA

Citizenship

Chinese

Post Office Address

Dept. of Medicine

Post Office Address

Mount Sinai Medical School

City

New York

State

NY

ZIP

10029

Country

USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

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City

State

ZIP

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☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

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